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INFORMATION REPORT

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SUPPLEMENT TO REPORT 25X1

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REPORT []

THIS IS UNEVALUATED INFORMATION

The procedure was to place one doctor in the chamber, reduce the pressure slowly and steadily until the desired point was reached, and then gradually increase the pressure to atmospheric. While this was going on, the other doctors observed the test doctor through windows in the chamber. The tests in no case were carried to the point of unconsciousness but mental and physical disturbances were noted. After the test doctor came out of the chamber he was interrogated by the other doctors. Checks were made on handwriting before and after exposure and psychological tests were made which dealt with such things as attention, distraction, and counting.

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the tablets were about three or four inches thick as well as eight inches in diameter. However, they were black in color rather than white as stated. [] oxygen released from these tablets [] the releasing equipment. All such information was secret. [] the chemical composition of the tablet, nor were we ever given such information.

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[redacted]

[redacted] these suits were to protect the pilots against acceleration and deceleration forces. [redacted] protection of the pilot against low pressure due to high altitude was afforded by pressurizing the cabins of airplanes [redacted]

In this connection [redacted] seeing demonstrated a heating pad for use in airplanes and hospitals [redacted] was originally developed [redacted] the Soviets had begun to manufacture them prior to the training courses. This pad became very hot when water was added to chemicals on the inside and maintained its heat for several hours. We were also told that manufacture of this device in the USSR was secret.

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This was a chair in which the doctors taking the course experimented on themselves. A man was strapped into the chair which was operated by hand to get vertical, horizontal, and circular movements as well as combined motions. In most cases the man undergoing the tests became nauseated quite quickly. This chair was purely for experimental use. I do not know what training paratroopers received on this or similar devices.

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The parachute towers which [redacted] were for use by civilians only. [redacted] the military towers. [redacted]

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The towers which we used were very similar except they were not as high as the ones at Fort Benning appear [redacted] In any case our attention in connection with this activity was directed toward the injuries to which paratroopers were liable, that is, fractures, dislocations, and concussions. There were similar towers also available for civilian use in amusement parks in and around Moscow.

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This area was known as the medical center of the University of Moscow and consisted of the University Hospital which included, among its activities, the teaching of medicine. Around this were grouped the Clinics of the First Moscow School of Medicine which included clinics for internal medicine, surgery, gynecology, obstetrics, skin, children, pathology, and anatomy, in addition to tropical diseases, bacteriology, science, etc. Type of work carried out at each of these institutions was indicated by the name.

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At the time this course was given, tularemia was a disease that had only recently been discovered and reported on [redacted] At that time it was considered easy to disseminate and we were told that our future enemies were familiar with and worked on this disease. It would be easy to incapacitate great numbers of people for many weeks. It had all the appearances of a form of plague that would be easy to spread. It was distributed by squirrels, rats, and other small animals. It could be acquired through the eyes, lungs, skin, or by the ingestion of affected rabbits. Large areas could be infested easily. No method of prevention or cure was known and it therefore was the type of disease that would be used against the Soviets.

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[redacted] Therefore, the Soviets were afraid of its use by their enemies and paid especial attention to it in the BW course. Now we know that some of the characteristics of this disease which were taught by the Soviets in the middle 1930's are not true and that it can be cured in two days with aureomycin.

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The diseases were identified on the sick. Family, factory, and other contacts were observed and examined. Possible carriers were looked for, etc. If the epidemic were typhoid for example, water and milk supplies would also be examined.

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[redacted] in case of a BW attack, field laboratories would be sent to the spot immediately. The men connected with the field laboratories would take the necessary samples and identify the diseases.

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The equipment provided was the usual laboratory apparatus, such as Petri dishes, test tubes, microscopes, ready prepared dry and liquid mediums, gelatin, agar, etc. Military packing boxes were provided to transport the equipment.

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The boxes and their contents were all on display in a lecture room.

The course was given at the Civilian Institute for Medical Post Graduate Studies on the same grounds and not far from Botkins Hospital.

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All instructors were Soviet military physicians. The Institute was a very large building

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Most of the physicians in the course were from Moscow and lived at home.

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No textbooks were used. We were not permitted to take notes at the lectures except when the instructor gave specific permission to do so.

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Organization of [redacted]

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UNCODED/INCODED [redacted]

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[redacted], there were 150 or 200 in the group [redacted] continuously, that is when one group was finished another group took its place. Perhaps four or more such courses were given in a year. The physicians were all Soviets in my group except two of Baltic German descent.

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We were told that the USSR would never use BW and that the subject was studied for defense only. [redacted] other doctors knew that this was Soviet circumlocution for concealing its intentions and we did not believe such statements. It was our opinion that the opposite was true. However, we received no information on Soviet intentions or methods in the use of BW.

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These were all made in the USSR at or under the supervision of the Bacteriological Institute of Moscow. [redacted] the list of serums and vaccines did not include any for the prevention of typhus. Such protection was not even available for the Army [redacted]

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The tetra vaccine for protection against typhoid, dysentery, cholera, and paratyphoid was extremely bad. Three successive injections - 1.5 cc, 1.0 cc, and 1.5 cc - were given on a mass immunization basis. These injections were usually followed by local and systemic complications, including inflammation, temperature, nausea, etc. It took two or three days in bed to get over the symptoms. The smallpox vaccine was pretty good and did not produce a severe reaction. Some smallpox vaccines, however, were contaminated and produced secondary infections as well as "take". In such cases skin infections were prevalent. Mass immunization against smallpox was provided. Injections for tetanus were used only in the Army when necessary. This protection was considered specific rather than mass. No particular trouble was experienced with these injections. Bacteria phages were also given orally for a time during this period. However, these did not produce characteristic reactions, did not afford protection, and later were discontinued. Inoculation against scarlet fever was not compulsory. Children were given mass immunization against diphtheria if the Schick test was positive.

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Centralized control is under the jurisdiction of the Moscow Central Institute for Control of Sera and Vaccines. Samples of each lot or series produced was sent to the Institute for testing but quality control was not good.

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[redacted]

The organization was not too bad in the big cities but the country districts had nothing in this line, not even registered nurses. However, the point of view expressed in the public reports of the public health organizations was in direct contradiction to reality. It was always reported that mortality was going down, the birth rate was going up, longevity was increasing, and there were no epidemics. [redacted] epidemics were prevalent and that the vital statistics on which such conclusions should have been based were never published. [redacted]

[redacted]

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